

City of Riverside
Human Resources Department

Employee Online
Benefits

Open Enrollment Guide
For 2014 Plan Year

Open Enrollment is Here!

It's Open Enrollment time! This year the enrollment period is **November 1st** through **November 22nd, 2013**. Open enrollment requests will not be accepted after 5:00 p.m. on **November 22nd, 2013**. Your new elections will go into effect on January 1, 2014. Please be reminded that health/vision and dental premiums are paid in advanced, therefore out-of-pocket premiums for your new plan selections will be deducted starting with your first paycheck in December 2013.

Please note that if you do not wish to make any changes to your current health/vision, dental, Additional Life insurance, Long Term Disability or to your covered dependents, no action is needed on your part. Your 2013 benefit elections (except Flexible Spending Account and Health Opt-Out program) will automatically carry over to the 2014 calendar year.

Before you log on to enroll or make changes to your benefits, make sure you review all available options and you have the information you need to enroll.

Items to Consider

- ❖ Review the 2014 Plan summaries and rate sheets per your bargaining unit on the City of Riverside Human Resources website <http://www.riversideca.gov/human/benefits/benefit-open-enrollment.asp> and share this information with your family as appropriate.
- ❖ Waive health coverage and select the Health Opt-Out option (Reimbursement is only given to Executives, Council, Management, General – SEIU, Confidential, RPOA, RPOA Supervisory, RCFA, RFMG, IBEW, and IBEW Supervisors)
- ❖ Enroll in health and/or dental, if not currently enrolled
- ❖ Consider changing to a different health and/or dental plan
- ❖ If you are enrolling in the Blue Cross (HMO) health plans or DeltaCare (DHMO) dental plan, you are required to designate a Primary Care Physician (PCP)
- ❖ Enroll in a Flexible Spending Account for 2014
- ❖ Enroll in Long Term Disability (based on Bargaining Unit)
- ❖ Apply for Additional Life Insurance or make changes to existing policy

Additional Benefits (Not Currently Available via Employee Online)

- ❖ Deferred Compensation enrollment requires the completion of a paper application; benefit forms can be found on the Benefits website under “Benefit Forms.” Please note that you may enroll in a Deferred Compensation plan at any time.

Dependent Information

- ❖ If you are adding a new dependent, you will need First Name, Middle Initial, Last Name, Social Security Number, Date of Birth, Relationship, Gender information and proof of eligibility documentation.

Choosing Your Coverage Level Option for Dental and Health plans

- ❖ Employee only (Single)
- ❖ Employee + 1 (Two-Party)
- ❖ Employee + 2 or More (Family)

For additional questions, please feel free to email us at citybenefits@riversideca.gov or contact us at (951) 826-5639.

Benefits Website:

<http://www.riversideca.gov/human/benefits/>

Preparing to Enroll Online

Making Your 2014 Benefit Elections

Before you make your elections through Employee Online, our online benefits enrollment system, consider these steps.

1. Dependent Eligibility & Verification

During open enrollment you may add or remove eligible dependents to your health and/or dental plans without a qualifying event. In order to be covered under your health and/or dental plan, your dependent must be an "eligible dependent" under the City's (V9 & V10) policy. If you will be **adding** an "eligible dependent" to your 2014 Health and/or Dental plan(s), you will need to submit proof of eligibility documentation to the Human Resources Department Benefits Division on or before **November 22nd, 2013**. Detailed information pertaining to types of documentation required for adding eligible dependents can be found on the Human Resources Benefits' website under "Summary of Your Benefits". Documents may be faxed to (951) 826-2421 or emailed to citybenefits@riversideca.gov.

Please note that the Health Care Reform law allows health plans to extend dependent coverage up to age 26. The City will also extend dental and vision coverage for dependents up to age 26.

2. Health, Vision & Dental Benefits

Health Benefits

The City of Riverside offers seven health plan choices administered by Anthem Blue Cross and Kaiser Permanente. Please review the 2014 Plan Summaries, Summary of Benefits Coverage (SBC) and rate sheets available on the City of Riverside Human Resources' Benefits website.

Vision Coverage

Vision coverage is provided through Vision Service Plan (VSP) and is included with your health plan selection. Any dependent covered under your health plan is enrolled into VSP coverage. Please review the HR Benefits' website to obtain a summary of benefits.

Dental Benefits

The City of Riverside offers three dental plan choices administered by Delta Dental and Local Dental Advantage. For more information, please review the 2014 Plan Summaries and rate sheets available on the City of Riverside Human Resources' Benefits website.

Health Opt-out Option

If you participated in the Health Opt-out option during 2013, you **MUST** renew your participation for calendar year 2014 and provide proof of alternate coverage. If you were enrolled in a health plan during 2013 and wish to waive your coverage for 2014 you must elect the Health Opt-out option through the Employee Online system and submit proof of alternate coverage to the Human Resources Department by November 22nd, 2013. The following employee groups are eligible to participate in the health opt-out option:

- Executive
- Council
- Management I/II
- General (SEIU)
- Confidential
- IBEW Field
- IBEW Supervisory
- Fire (RCFA)
- Fire Management
- RPOA
- RPOA Supervisory

Dental Decline Option

All employees have the option to decline dental insurance provided by the City of Riverside. Please be advised that this option does not provide for a financial reimbursement.

Medical Decline Option

Employees in the RPAA-Police and SEIU Refuse units have the option to decline health insurance provided by the City of Riverside. Please be advised that this option does not provide for a financial reimbursement.

Primary Care Physician (PCP)

If you are enrolling as a **new** member to Anthem Blue Cross HMO or DeltaCare DHMO, you will need to select a PCP for each covered dependent. Please note that if you do not select a PCP, the provider will select one for you and you will then need to contact the provider to elect a different PCP.

To select a PCP, you must first locate a doctor near you by accessing the provider's websites: please visit [Anthem Blue Cross \(http://www.anthem.com/ca/\)](http://www.anthem.com/ca/) or [DeltaCare \(www.deltadentalins.com\)](http://www.deltadentalins.com).

Once you have chosen a doctor, you must assign the PCP to your covered dependents by contacting [Anthem Blue Cross HMO at 1-800-227-3613](#) or [DeltaCare HMO at 1-800-422-4234](#) on or after December 15, 2013. PCP selections are not required for Anthem Blue Cross-PPO, Kaiser, Delta Dental DPO or Local Advantage Dental.

3. Flexible Spending Accounts (Health & Dependent Care)

Your 2013 participation in the Flexible Spending Account(s) will **NOT** carry over to the 2014 calendar year. You must renew your participation through the Employee Online system. The maximum annual contribution for the Health Care spending account is \$2,500 and \$5,000 for the Dependent Care spending account. Please be sure to indicate an annual amount; the annual amount will be spread out over 24 pay periods. In addition, be advised there is a \$3 per pay period administrative fee assessed for participation in one or both plans. The maximum amount paid per month is \$6.00.

4. Long Term Disability (LTD)

LTD coverage is available for employees not covered by State Disability Insurance (SDI). Employees in the following Bargaining Units can apply for Long Term Disability coverage:

- Council/Mayor
- Executive
- Management I & II
- IBEW Supervisory
- IBEW Field employees are automatically enrolled with LTD coverage

Premiums are paid by the employee on an after-tax basis (except for IBEW Field and Supervisory).

Please be advised that if you have a pre-existing health condition, the LTD coverage may not apply and any claims submitted are subject to being denied. For additional information on the pre-existing health conditions, please review the LTD policy, which can be accessed via the [HR Benefits](#) website or you may contact the Standard directly at 800-368-1135.

You may select to enroll or terminate current enrollment through the Employee Online system at any time during the year.

5. Additional Life Insurance

All benefitted employees can elect to enroll in Additional Life Insurance provided by The Standard.

Applications are accepted online via The Standard's website. Additional enrollment instructions are provided via the Employee Online system. Please note that all current employees must complete the online Medical History Statement along with the online application. New hires during the month of November that apply for the Guaranteed Issue amount(s) within 30 days of their hire date are not required to complete a Medical History Statement. Please note that you may enroll or cancel existing coverage at any time during the year (enrollment for current employees is subject to medical underwriting approval).

6. Deferred Compensation

You have the opportunity to participate in a Section 457 deferred compensation plan. New enrollments to a deferred compensation account through Great-West or ICMA-RC will need to be submitted through a paper enrollment form. After a deferred compensation account has been setup, employees can modify or stop contributions using the Employee Online system. New enrollments are accepted at any time during the year.

Please note that a separate beneficiary form must be completed for each provider and submitted directly to the respective provider. The Human Resources Department is no longer the City's beneficiary record keeper for the Deferred Compensation accounts. Beneficiary designation forms are available on the Benefits website.

7. Complete your Enrollment

Worksheet

Before you log on to enroll using Employee Online, make sure your decisions are made and you have the information you need to enroll. Included in this guide is a worksheet you can complete to assist with your selection planning.

8. Don't Miss the Deadline!

All additions and changes must be submitted online by 5:00 PM, **Friday, November 22nd, 2013**. Open Enrollment is the **only** time during the calendar year during which you can make changes to your Health/Vision, Dental, or Flexible Spending Account (FSA) plans without experiencing a **Qualifying Event**. For more information on what constitutes a **Qualifying Event**, please visit our [Benefits](#) website.

How to Enroll Online (Quick Guide)

Getting Started

Before you start the online enrollment process, please know your City of Riverside 5 digit employee ID number and your password. If you do not know your password, you can click on the "I forgot my password" link available on the login screen and receive a temporary password via email or call the Information Technology Help Desk at 826-5508, Monday thru Friday 8:00 a.m. to 5:00 p.m. to have your password reset. Also, have the Benefits enrollment worksheet completed with all necessary information.

Go to <http://www.riversideca.gov/> Click on "Online Services" then click on Employee Online. You will be prompted to log in using your 5 digit Employee ID number and password.

Step 1

Dependent Information - Add, update or verify dependent information. Add a new dependent profile, update an existing dependent record or verify existing dependent information in the "Dependent Information" screen. You must proceed to Step 2 – Benefits Selection to add/drop new and existing dependents to/from your health and/or dental plans.

Step 2

Benefit Selection View and select your benefit coverage for the 2014 plan year in the Open Enrollment Benefit Selection screen.

- **Make changes to your health and/or dental plans** - You may switch to another health and/or dental plan or waive your health coverage by participating in the health opt-out option (available for eligible employees).
- **Add/drop eligible dependents** - New or existing dependents must be associated to your health and/or dental plan by placing a check mark next to their name. If you wish to drop an existing dependent, you must un-check the box next to their name.
- **Enroll in the Health opt-out (available for eligible employees) program or Medical Decline** – Employees who will continue to opt-out of health coverage must renew their participation by re-electing this option.
- **Enroll in a Flexible Spending Account** - Enrollment is optional and must be renewed every calendar year. Please designate an annual contribution amount if you wish to participate during 2014.
- **Enroll in or cancel Long Term Disability (LTD)** - Eligible employees may participate in LTD; an option to enroll will be available to those employees under the Benefit Election screen.
- **Enroll, cancel or change your Additional Life Insurance** – New applications and changes to an existing policy are accepted online via The Standard's website. The link is provided under "Add'l Life Ins." Screen.

Step 3

Open Enrollment Confirmation - Verify your Open Enrollment selections.

Please carefully verify and print your open enrollment confirmation statement before exiting the Employee Online system. If you submit a request and later want to make a change, simply go back to the Benefits Selection screen and modify your election by clicking on the benefit and selecting the "delete this request" option, you will then be able to submit a new request. Remember to submit any necessary documentation to Human Resources by 5:00 p.m. on November 22nd, 2013.

If you have any questions or concerns, please contact the Human Resources Department, Benefits team via email at citybenefits@riversideca.gov or contact us at (951) 826-5639.

Benefits Enrollment Worksheet

HEALTH PLANS	
BC HMO Preferred (High)	<input type="checkbox"/>
BC HMO Standard (Midway)	<input type="checkbox"/>
BC HMO Value (Low)	<input type="checkbox"/>
BC PPO	<input type="checkbox"/>
Kaiser Preferred (High)	<input type="checkbox"/>
Kaiser Standard (Midway)	<input type="checkbox"/>
Kaiser Value (Low)	<input type="checkbox"/>
Health Opt-Out	<input type="checkbox"/>
Medical Decline (RPAA/Refuse)	<input type="checkbox"/>

DENTAL PLANS	
DeltaCare DHMO	<input type="checkbox"/>
Delta Dental (DPO)	<input type="checkbox"/>
Local Advantage Dental	<input type="checkbox"/>
Dental Decline	<input type="checkbox"/>

Important Taxation Information

Per the IRS, the amount paid towards covering any eligible dependents is automatically paid on a pre-tax basis if the dependent meets the definition of a "tax-qualified" dependent. Your spouse and children automatically qualify as "tax-qualified" dependents. Domestic partners and their children must meet the definition of a "tax qualified" dependent as defined in IRC Section 152; otherwise premiums must be paid on an after-tax basis for these dependents.

Dependent Data Enrollment Information								
LAST NAME	FIRST NAME	MI	GENDER	DOB	RELATIONSHIP	SSN	HEALTH	DENTAL
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

NOTE: If you are adding a dependent, please review the City's health and dental policies which are V-9 & V-10 located online within the Human Resources Personnel Policy & Procedures Manual for dependent documentation requirements. ALL required documentation must be submitted to the HR Department no later than November 22, 2013. Please write your 5 digit employee ID number on each applicable document.

Flexible Spending Account (FSA) Information (you must enroll each year to participate)	
Annual amount to contribute to the Health Care Spending Account	\$
Annual amount to contribute to Dependent Care Spending Account	\$
<i>(Annual amounts are pro-rated over the entire year (24 per pay period) and deducted in equal amounts from your paycheck. A \$3.00 per pay period administrative fee is assessed.)</i>	

Open Enrollment Checklist

- ☐ Your 5 digit Employee ID Number and password
- ☐ Names, social security numbers, and birth dates of benefit eligible dependents
- ☐ Plan Choices for Health, Dental, and Flexible Spending Accounts (FSA)
- ☐ Changes to Deferred Compensation can be done anytime throughout the year
- ☐ Submit any required documentation to the HR Department no later than **November 22nd, 2013** for dependents added during open enrollment. Fax to 951-826-2421 or email to citybenefits@riversideca.gov
- ☐ Other Additional Coverage: Additional Life Insurance and Long Term Disability

You are now ready to enroll online!

Welcome to Open Enrollment Online!

Beginning the Open Enrollment Process

During Open Enrollment you can make changes to your benefits as often as you like up until November 22nd, 2013. Each time you make new selections; you will save and verify them. The benefits that have been saved and verified when Open Enrollment closes **are** the benefits that will stay in effect until the next Open Enrollment period or until you experience a qualifying event, such as a marriage, birth, or change in employment status.

To access the [Employee Online](#) site:

1. From the City of Riverside website (www.riversideca.gov), click on the **Online Services** link.



2. From the City of Riverside's Intranet portal at <http://intranet/Pages/Default.aspx>. You can navigate to the Employee Online site via two links:
 - a. From the **Quick Links** menu on the left side of the screen, click on the Employee Online link.
 - b. From the slideshow images under **Featured Items**, click on the Employee Online image.



LOGIN

To login to the Employee Online system, key in your 5 digit Employee ID number and password on the main login screen.

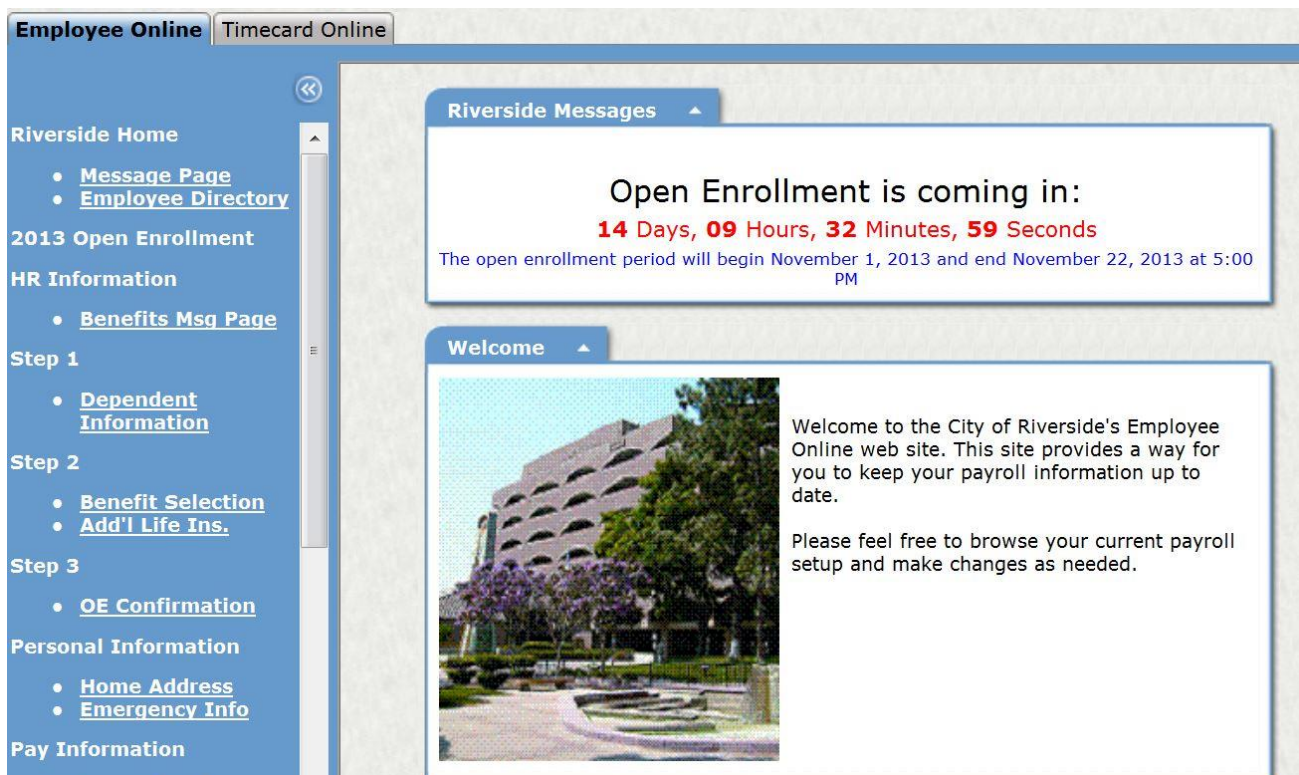


The login screen features a header image of a city building. Below the image is the title "Employee Online/Timecard Online Login". To the right of the title are two input fields: "Employee ID:" and "EO/TO Password:". Below these fields are three links: "Login", "I Forgot My Password?", and "Change Password". At the bottom right is a "Help" link with a question mark icon. The text "City of Riverside" is located at the bottom left of the main content area.

Note: The system will only allow three attempts to match your password to your employee ID # otherwise it will lock you out and require an account re-set. Employees who have forgotten their passwords will need to contact the Information Technology Help Desk at 826-5508 to have it reset.

Message Board

Once you have logged on the system, Employee Online presents you with an initial side navigation menu. The default screen in Employee Online is the "**Message Board**". In addition to timely announcements, the message board will also display Special Notes.



The screenshot shows the "Employee Online" interface. At the top, there are tabs for "Employee Online" and "Timecard Online". On the left is a blue sidebar with a navigation menu. The main content area has a header "Riverside Messages" and a large announcement box for "Open Enrollment is coming in: 14 Days, 09 Hours, 32 Minutes, 59 Seconds". Below this is a "Welcome" section with a city building image and a welcome message.

Employee Online Timecard Online

Riverside Home

- [Message Page](#)
- [Employee Directory](#)

2013 Open Enrollment

HR Information

- [Benefits Msg Page](#)

Step 1

- [Dependent Information](#)

Step 2

- [Benefit Selection](#)
- [Add'l Life Ins.](#)

Step 3

- [OE Confirmation](#)

Personal Information

- [Home Address](#)
- [Emergency Info](#)

Pay Information

Riverside Messages

Open Enrollment is coming in:
14 Days, 09 Hours, 32 Minutes, 59 Seconds
The open enrollment period will begin November 1, 2013 and end November 22, 2013 at 5:00 PM

Welcome


Welcome to the City of Riverside's Employee Online web site. This site provides a way for you to keep your payroll information up to date.



Please feel free to browse your current payroll setup and make changes as needed.


Step 1: Dependent Information


Add/Review/Update your Dependent Information

The Family Information list displays all of the family members for the employee. An employee may add, edit, or review family member information from this screen.

- Click on the  **Add** button to add a new Dependent.
- Click on a specific name to see more details or to update information.

Family Information						JENNIFER LOPEZ (16880)	
Name	Relationship	Social Security Number	Birth Date	Gender	Certified		
ROSA GONZALEZ	OTHER DEPENDENT	***-**-3333	06/17/1956	F	Yes		
EDUARDO DIAZ	SPOUSE	***-**-8888	10/12/1971	M	Yes		
MONICA LOPEZ	OTHER DEPENDENT	***-**-9732	09/11/2009	F	Yes		
IRENE DIAZ GONZALEZ	CHILD	***-**-4444	01/12/2013	F	Yes		
JOSUE GONZALEZ	CHILD	***-**-3333	04/26/2013	M	Yes		
Previous (Benefits Message Board)						Next (Benefit Selection)	
							Add


The Family Member **New/Update** screen allows the employee to add or update information related to the employee's eligible dependents. **Last Name, First Name, Relationship, Birth Date and Eligibility Certification** fields are required entries. Click  **Save** to return to the **Family Information** Screen.

Family Member Update		JENNIFER LOPEZ (16880)	
Please Contact HR to request a change of Spouse Name			
First Name:	EDUARDO	Middle:	
		Last Name:	DIAZ
Relationship:	SPOUSE	Birth Date:	10/12/1971
Social Security Number:	***-**-8888		
Gender:	MALE		
Address:	<input checked="" type="checkbox"/> Check if same address as employee.		
Street Address:	24555 MOONLIGHT DR.		
City:	MORENO VALLEY		
State:	CALIFORNIA		
Zip Code:	92551 -		
Phone Number:	HOME PHONE	(951) 208-4536	Ext:
Certification:			
Misc Comments (Optional) 2:			
Notes:			
Eligibility Certification (REQUIRED): <input checked="" type="checkbox"/> Check to certify dependent eligibility.			
<small>I hereby certify that the dependents listed on my plan are eligible in accordance with City policies V-9 (Health Insurance) and V-10 (Dental Insurance), and that any deliberate misrepresentation of dependent eligibility may constitute a violation of City policy which may result in disciplinary action, up to and including termination. I understand that such action may constitute criminal fraud and may result in a referral to a law enforcement office. Further, I understand that all misrepresentations shall be reported to the appropriate health care provider for investigation and possible sanctions, and that I may be held liable for reimbursement of prior premiums, services received and or claims incurred as a result of ineligible dependents.</small>			

Note: Adding dependent records **does not add** them to your Medical and/or Dental Coverage. You **must** proceed to the Benefit Selection screen to Review/Modify your Benefits and select the dependents you want to add to your Medical and/or Dental coverage.

Step 2: Enrolling in or changing your Medical, Dental, Health Opt-Out, FSA, LTD and Additional Life Insurance Benefits


On the Benefit Selection screen, you will be presented with your 'Current Coverage' benefits. To enroll or modify your insurance benefit plan selections, please click on the Medical or Dental coverage type to view a list of available insurance benefit plans.

Open Enrollment Benefit Selection		JENNIFER LOPEZ (16880)	
Coverage Type	Current Coverage	Open Enrollment Requests	Enrollment Status
MEDICAL	KSR PREF PT		Not Selected
DENTAL	DLTA DNTL PRETX		Not Selected
FSA HEALTH CARE	none		Not Selected
FSA DEPENDENT CARE	none		Not Selected
LTD - MANAGEMENT	none		Not Selected
ADDITIONAL LIFE	ADDITIONAL LIFE		Not Selected
<p>HEALTH OPT OUT CHANGE NOTICE:</p> <p>Those employees who opted out of Health coverage for 2013 MUST RESELECT this option for it to remain effective in 2014</p> <p>To Review plan summaries and rate information visit the Benefits Open enrollment website.</p> <p>Previous (Family Information) Next (Benefit Confirmation)</p>			

Enroll in Medical or Health Opt-Out Program

The Choose Open Enrollment Benefit screen displays all of the medical plan options and allows you to select the plan of your choice. It also reminds you which plan you are currently enrolled in by noting in blue text "This is your current plan." located in the right-hand column. If no election is made, the current election(s) will roll over for the following plan year. Depending on your bargaining unit's rules and options, you may choose to Opt-Out of Health coverage, but you will need to provide proof of other group insurance in order to receive the cash option in lieu of. Bargaining units that do not have the Health Opt-Out option will have the option for Medical Decline that allows them to waive medical coverage without showing proof of other insurance.

- Click on a Plan Name to elect a new medical plan or update an existing medical plan.


Choose Open Enrollment Benefit		JENNIFER LOPEZ (16880)	
Plan Name	Plan Type		
BC PREFERRED	PRE-TAX		
BC STANDARD	PRE-TAX		
BC VALUE	PRE-TAX		
KSR PREFERRED	PRE-TAX		
KSR STANDARD	PRE-TAX		
KSR VALUE	PRE-TAX		
BC PPO	PRE-TAX		
BC PREFERRED	AFTER-TAX		
BC STANDARD	AFTER-TAX		
BC VALUE	AFTER-TAX		
KSR PREFERRED	AFTER-TAX		
KSR STANDARD	AFTER-TAX		
KSR VALUE	AFTER-TAX		
BC PPO	AFTER-TAX		
HEALTH OPT OUT	PRE-TAX		
<p>To Review plan summaries and rate information visit the Benefits Open enrollment website.</p> <p>Benefit Selection Next (Benefit Confirmation)</p>			

The Add or Switch Open Enrollment Benefit screen displays a comparison of your current plan with your New Enrollment request. It may also be used to add or update a Benefit.

New Enrollments

Select your Coverage Category and place a **check mark** for each dependent you wish to enroll in your coverage. Check the arbitration certification checkbox to acknowledge that you have read and agree to the arbitration language.

- Click  **Save** to process your request and return to the **Benefits Selection** screen.

Switch Open Enrollment Benefit		JENNIFER LOPEZ (16880)	 Help
	Current Plan	New Enrollment Request	
Plan Name	KSR PREFERRED	KSR VALUE	
Plan Type	PRE-TAX	PRE-TAX	
Description	KAISER PREFERRED PRETAX		
Employee Deduction	Calculated at Payroll Time	Calculated at Payroll Time	
Coverage Category	<input type="radio"/> Family <input checked="" type="radio"/> Employee <input type="radio"/> Emp + one	<input checked="" type="radio"/> Family <input type="radio"/> Employee <input type="radio"/> Emp + one	
Covered Dependents			
ROSA GONZALEZ (DEPENDENT)		<input checked="" type="checkbox"/> Click to enroll ROSA GONZALEZ	
EDUARDO DIAZ (SPOUSE)		<input checked="" type="checkbox"/> Click to enroll EDUARDO DIAZ	
MONICA LOPEZ (DEPENDENT)		<input checked="" type="checkbox"/> Click to enroll MONICA LOPEZ	
IRENE DIAZ GONZALEZ (CHILD)		<input checked="" type="checkbox"/> Click to enroll IRENE DIAZ GONZALEZ	
JOSUE GONZALEZ (CHILD)		<input checked="" type="checkbox"/> Click to enroll JOSUE GONZALEZ	
Arbitration Certification (REQUIRED)		<input checked="" type="checkbox"/> Click to Certify you have read and agree with the corresponding Arbitration Language	
Kaiser Foundation Health Plan Arbitration Agreement:			
I understand that (except for Small Claims Court cases, claims subject to a Medicare appeals procedure, and, if I am enrolled in a group that is subject to ERISA, certain			

Note: If you wish to **drop** an existing dependent from your Health and/or Dental coverage you may do so if you uncheck **only** the box next to the dependent(s) you wish to remove from your existing coverage; (An unmarked checkbox next to the dependent's name will tell the system you do not want to enroll them.)

Enroll in Dental or elect Dental Decline

The Choose Open Enrollment Benefit screen displays all of the dental plan options and allows you to select the plan of your choice. It also reminds you which plan you are currently enrolled in by noting in blue text “[This is your current plan.](#)” located in the right-hand column. If no election is made, the current election(s) will roll over for the following Plan Year. You may also elect to drop your current plan by selecting the Dental Decline option.

- Click on a Plan Name to elect a new dental plan or update an existing dental plan.

Choose Open Enrollment Benefit		JENNIFER LOPEZ (16880)	Help
Plan Name	Plan Type		
DELTACARE DHMO	PRE-TAX		
DELTA DNTL DPO	PRE-TAX	This is your current plan.	
LOC ADV DENTAL	PRE-TAX		
DELTACARE DHMO	AFTER-TAX		
DELTA DNTL DPO	AFTER-TAX		
LOC ADV DENTAL	AFTER-TAX		
DENTAL DECLINE	PRE-TAX		
To Review plan summaries and rate information visit the Benefits Open enrollment website.			
Benefit Selection		Next (Benefit Confirmation)	

The Add or Switch Open Enrollment Benefit screen displays a comparison of your current plan with your New Enrollment request. It may also be used to add or update a Benefit.

New Enrollments

Select your Coverage Category and place a **check mark** for each dependent you wish to enroll in your coverage.

- Click [Save](#) to process your request and return to the **Benefits Selection** screen.

Switch Open Enrollment Benefit		JENNIFER LOPEZ (16880)	Help
	Current Plan	New Enrollment Request	
Plan Name	DELTA DNTL DPO	DELTACARE DHMO	
Plan Type	PRE-TAX	PRE-TAX	
Description	DELTA DENTAL PRETAX DPO		
Employee Deduction	Calculated at Payroll Time	Calculated at Payroll Time	
Coverage Category	Family	<input checked="" type="radio"/> Family	
	<input checked="" type="checkbox"/> Employee	<input type="radio"/> Employee	
	Emp + one	<input type="radio"/> Emp + one	
Covered Dependents			
ROSA GONZALEZ (DEPENDENT)		<input checked="" type="checkbox"/> Click to enroll ROSA GONZALEZ	
EDUARDO DIAZ (SPOUSE)		<input checked="" type="checkbox"/> Click to enroll EDUARDO DIAZ	
MONICA LOPEZ (DEPENDENT)		<input checked="" type="checkbox"/> Click to enroll MONICA LOPEZ	
IRENE DIAZ GONZALEZ (CHILD)		<input checked="" type="checkbox"/> Click to enroll IRENE DIAZ GONZALEZ	
JOSUE GONZALEZ (CHILD)		<input checked="" type="checkbox"/> Click to enroll JOSUE GONZALEZ	
Back		Save	

Enroll in Flexible Spending Account (FSA) Health Care

New Enrollments

Enter the desired total in the **Annual Employee Deduction** box.

- Click  **Save** to process your request and return to the **Benefits Selection** screen.

Add Open Enrollment Benefit

Plan Name

none

Plan Type

Description

Annual Employee Deduction

\$2,100

Coverage Category

✓ Employee

Current Plan

none

Pending New Request

FSA PLAN HEALTH
PRE-TAX
125 PLAN HEALTH CARE PRETAX

☐ Delete this request

FSA note on per pay period deduction:
The amount deducted from your paycheck on a per pay period basis will be calculated on the annual amount allocated divided by the total number of pay periods employed for the calendar year.

2013 Flexible Spending Account Provisions

	FSA Health Care	FSA Dependent Care
Maximum Annual Deduction	\$2,500 (\$104.16 per Pay Period)	\$5,000 (\$208.33 per Pay Period)
Annual Administrative Fee	\$72 (\$3.00 per Pay Period)*	\$72 (\$3.00 per Pay Period)*

*Bi-weekly deductions for the administrative fee are taken on an after-tax basis.

Back

Save

NOTE: All amounts are calculated based on 24 Pay Periods.

Enroll in Flexible Spending Account (FSA) Dependent Care

New Enrollments

Enter the desired total in the **Annual Employee Deduction** box.

- Click  **Save** to process your request and return to the **Benefits Selection** screen.

Add Open Enrollment Benefit

Plan Name

none

Plan Type

Description

Annual Employee Deduction

\$3500

Coverage Category

✓ Employee

Current Plan

none

New Enrollment Request

FSA DEP CARE
PRE-TAX
FSA PLAN DEPENDENT CARE PRETA

FSA note on per pay period deduction:
The amount deducted from your paycheck on a per pay period basis will be calculated on the annual amount allocated divided by the total number of pay periods employed for the calendar year.

2013 Flexible Spending Account Provisions

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Back

Save


NOTE: All amounts are calculated based on 24 Pay Periods.

Enroll in Long Term Disability (LTD)

LTD coverage is available for employees not covered by State Disability Insurance (SDI). Employees in the following Bargaining Units can apply for Long Term Disability coverage:




- Executive
- Management I & II
- IBEW Supervisory
- IBEW Field employees are automatically enrolled with LTD coverage

New Enrollments

On the Open Enrollment Benefits Selection screen, select the LTD link under Coverage Category then click  **Save** on the LTD Add Open Enrollment Benefit screen to process your request and return to the **Benefits Selection** screen.

To Cancel Coverage

You may cancel your LTD enrollment by checking the box next to the option to “cancel this coverage”.

Add Open Enrollment Benefit		JENNIFER LOPEZ (16880)	 Help
	Current Plan	New Enrollment Request	
Plan Name	none	MGMT LTD	
Plan Type		AFTER-TAX	
Description		MANAGEMENT LTD	
Employee Deduction		Calculated at Payroll Time	
Coverage Category		✓ Employee	
Long Term Disability (LTD)			
<u>For New LTD Enrollments</u>			
<p>Requests submitted during open enrollment period will be effective January 1st. IBEW Supervisory employees only are required to be enrolled into a 457 deferred compensation plan and contribute at least \$25.00 per pay period, since the LTD premium is deducted from the deferred compensation city contribution. If the deferred compensation bi-weekly contribution is reduced to less than \$25.00 per pay period, it will result in disenrollment from LTD coverage. All other eligible employees pay the full monthly premium amount on an after-tax basis. Monthly premiums are .48% of salary with a maximum of \$53.47 per month. For example, if the annual salary is \$60,000, the monthly premium would be \$24 $((\\$60,000/12) \times .48\%)$. Please refer to the LTD Summary of benefits available on the Benefits website for additional information.</p>			
<u>To Cancel LTD Enrollment</u>			
<p>Requests submitted during open enrollment period will be cancelled December 31st. To cancel current LTD enrollment, employees must indicate a check mark next to the option above "Cancel this request" and click "save".</p>			
<p>Please be advised that if you have a pre-existing medical condition, the LTD coverage may not apply and any claims submitted are subject to being denied. For additional information on the pre-existing medical conditions, please review the LTD policy, which can be accessed via the HR Benefits website or you may contact The Standard directly at 800-368-1135.</p>			
 Back		 Save	

Note: By submitting your request online, you will be enrolled in LTD upon approval by HR Benefits staff. Once approved, your monthly deduction for LTD will be taken out of your paycheck in an after-tax basis.

Enroll in, cancel or modify Additional Life Insurance

All benefitted employees can elect to enroll in Additional Life Insurance provided by The Standard. Applications are accepted online via The Standard's website. Additional enrollment instructions and plan information is provided via the Employee Online system. Employees must click on the Standard's link provided and will be required to create a user name and password to submit a new request or change an existing policy. All Beneficiary information is to be submitted directly on the Standard's online system. Please note that all requests submitted directly to the Standard will not be reflected on the Employee Online system.

Additional Life Insurance

JENNIFER LOPEZ (16880)

Help

Additional Life Insurance

Please click on the link below to apply for Additional Life Insurance or make changes to your existing policy. You will be redirected to The Standard's website and must create a user account. Applications submitted during the **Open Enrollment** period or outside of the initial 30-day eligibility window from hire or promotion (non-benefitted to benefitted) date, **require** a Medical History Statement and Medical Underwriting approval for any dollar amount.

New hires and promoted employees that apply for the Guarantee Issue amounts (\$100K for employee and \$50K for spouse) within the initial eligibility period (30-day window from hire/promotion date) are not required to complete a Medical History Statement. However, all applications submitted for an amount(s) above the Guarantee Issue amount (s) require a Medical History Statement and are subject to Medical Underwriting approval.

Coverage effective date will vary based on medical underwriting approval.

Please [click here](#) for eligibility and monthly premium information.

Please contact HR at 951-826-5639 if you have any additional questions.

Current Enrollment:
You are currently enrolled in Additional Life, Your monthly deduction amount is \$20.40

[The Standard](#)

Additional Life Insurance Note:

If you submitted an online Additional Life Insurance application with The Standard, you will not see this request listed in the Benefit Change Request column. Additional Life Insurance requests are processed directly through the Standard's website and not through the Employee Online System.

[Benefit Selection](#)

Open Enrollment Benefit Selection

Open Enrollment Benefit Selection

JENNIFER LOPEZ (16880)

Help

Coverage Type	Current Coverage	Open Enrollment Requests	Enrollment Status
MEDICAL	KSR PREF PT	KSR VAL PT	Request Pending
DENTAL	DLTA DNTL PRETX	DELTACARE PRTAX	Request Pending
FSA HEALTH CARE	none	125 HLTH PRETAX	Request Pending
FSA DEPENDENT CARE	none	FSA DPNDT PRETX	Request Pending
LTD - MANAGEMENT	none	MGMT LTD	Request Pending
ADDITIONAL LIFE	ADDITIONAL LIFE		Not Selected

HEALTH OPT OUT CHANGE NOTICE:


Those employees who opted out of Health coverage for 2013 MUST RESELECT this option for it to remain effective in 2014

To Review plan summaries and rate information visit the [Benefits Open enrollment](#) website.

[Previous \(Family Information\)](#) [Next \(Benefit Confirmation\)](#)

Once you have submitted all of your open enrollment requests, the Open Enrollment Benefit Selection screen will change to include your new Enrollment Request information and will show that it is in **Request Pending** status. The pending status will stay in effect during the entire open enrollment period. That is to allow you to change your mind at any time during open enrollment. To view and print out your Open Enrollment Confirmation, proceed to **"Benefit Confirmation"**.

Delete a “Pending Open Enrollment Request”

- Click on the specific Coverage Category to see more details or to update information.
- Click on the “**Delete this request**” checkbox.
- Click  **Save** to process your request.


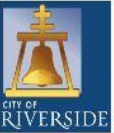
Add Open Enrollment Benefit		 Help
	Current Plan	Pending New Request
Plan Name	none	FSA PLAN HEALTH
Plan Type		PRE-TAX
Description		125 PLAN HEALTH CARE PRETAX
Annual Employee Deduction		<input type="text" value="\$2,100"/>
Coverage Category		<input checked="" type="checkbox"/> Employee
		<input checked="" type="checkbox"/> Delete this request

NOTE: Upon deleting your “Pending Open Enrollment Request” you will need to follow the enrollment steps above to submit a new request.

Step 3: Open Enrollment Confirmation

Benefit Confirmation

Your Benefit Selection summary appears confirming you have successfully saved your selections.

Benefit Confirmation		JENNIFER LOPEZ (16880)	
			
Below is a summary of your benefit elections which will be in effect January 1, 2013. We have provided your current plan elections for easy reference.			
Benefit Plan	Current Plan	Benefit Change Request	
MEDICAL	KSR PREFERRED (Emp Only)	KSR VALUE (Family)	
Dependent(s)		Cover GONZALEZ, ROSA (DP): dob 6/17/1956 Cover DIAZ, EDUARDO (SP): dob 10/12/1971 Cover LOPEZ, MONICA (DP): dob 9/11/2009 Cover GONZALEZ, IRENE DIAZ (CH): dob 1/12/2013 Cover GONZALEZ, JOSUE DIAZ (CH): dob 4/26/2013	
DENTAL	DELTA DNTL DPO (Emp Only)	DELTACARE DHMO (Family)	
Dependent(s)		Cover GONZALEZ, ROSA (DP): dob 6/17/1956 Cover DIAZ, EDUARDO (SP): dob 10/12/1971 Cover LOPEZ, MONICA (DP): dob 9/11/2009 Cover GONZALEZ, IRENE DIAZ (CH): dob 1/12/2013 Cover GONZALEZ, JOSUE DIAZ (CH): dob 4/26/2013	
FSA HEALTH CARE	(Not Enrolled)	FSA PLAN HEALTH (Emp Only)	
Amount		\$2,100.00	
FSA DEPENDENT CARE	(Not Enrolled)	FSA DEP CARE (Emp Only)	
Amount		\$3,500.00	
LTD - MANAGEMENT	(Not Enrolled)	MGMT LTD (Emp Only)	
If you added any dependents to the plan(s), proper proof of eligible dependents must be submitted to Human Resources for their coverage to be effective.			
Additional Life Insurance Note:			
If you submitted an online Additional Life Insurance application with The Standard			

Above is a confirmation message. You may wish to  **Print** a copy of your benefit summary for your records.

The Human Resources Department in partnership with the Information Technology Department wants to thank you for the opportunity to bring you the Open Enrollment Employee Online system. We hope that all the tools and resources we have set in place allow you to easily transition into this paperless process. We look forward to serving you, via telephone at 951-826-5639, via email at citybenefits@riversideca.gov, or in person.

Thank you for your continued support.

Your Human Resources Team!

“Serving you online...so you don't have to wait in line”

Provider Contact

Provider	Telephone Number
Anthem Blue Cross www.anthem.com/ca	HMO 1-800-227-3613 PPO 1-800-477-2226
CalPERS www.calpers.ca.gov	1-888-225-7377
Community Action EAP www.caeap.com	1-800-777-9376
Delta Dental www.deltadentalins.com	DeltaCare PMI (DHMO) 1-800-422-4234 Delta Preferred Option (DPO) 1-888-335-8227
Great-West Retirement Services https://riversidecadcp.gwrs.com/login.do	1-800-933-9808 KeyTalk: 1-800-701-8255
ICMA-RC http://www.icmarc.org/prebuilt/micro/riverside/index.html	VantageLine: 1-800-669-7400
Kaiser Permanente www.kp.org	1-800-464-4000
Liberty Mutual www.libertymutual.com/gspriverside	Daniel Swanson, Agent Cell No: 1-909-292-3572
Local Dental Advantage www.riversidedentalgroup.com	1-888-540-9488
Public Agency Retirement Services (PARS) www.pars.org	1-800-540-6369
PayPro (Retiree/COBRA) www.pagroup.us	1-800-427-4549 x 226
The Standard (Long Term Disability) http://www3.standard.com/net/public	LTD 1-800-368-1135
The Standard (Life Insurance) http://www3.standard.com/net/public	Group Life and AD&D 1-800-628-8600
TRI-AD (FSA) www.tri-ad.com	1-888-844-1372
Vision Service Plan (VSP) www.vsp.com	1-800-852-7600